

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012380

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

- AMENDED

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 79

FILED MAR 25 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clarissa	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in lb 2 wks.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OF INSTITUTION Chillicothe Hospital		d. STREET ADDRESS (If outside, give location) Jamesport	
3. NAME OF DECEASED (Type or print) First SIMON Middle LEROY Last MILLER		4. DATE OF DEATH Month MAR. Day 21 Year 1963	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/26/1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) Harlan Co., Nebr.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Isiah Miller		13b. MOTHER'S MAIDEN NAME Mary Jane Elliott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Mrs. Ed Moore Jamesport, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Congestion Chronic Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year. a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-19-63 to 3-21-63 and last saw him alive on 3-21-63		Death occurred at 10 45 a m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. L. Robinson (Degree or title)		22b. ADDRESS Chillicothe, Mo.	
22c. DATE SIGNED 3-22-63			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Mar. 23-1962	23c. NAME OF CEMETERY OR CREMATORY Morris Chapel	23d. LOCATION (City, town, or county) (State) Bethany Missouri
24. FUNERAL DIRECTOR O. L. Robinson	25. DATE RECD. BY LOCAL REG. Mar. 22, 1963	26. REGISTRAR'S SIGNATURE Armauer Taylor	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed O. L. Roberson

Licensed Embalmer No. 3244

P. O. Address Jonesport ms

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.